

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

567025

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 1 <sup>st</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1			5		5
2		1		5		5
3		1		5		5
4		1		5		5
5		1		5		5
6		5		5		5
7		5		5		5
8		5		5		5
9		5	1			5
10		5		1		5
11		5		1		5
12		5		1		5
13		5		1		5
14		5		5		5
15		5		5		5
16		5		5		5
17		5		5	1	
18		5		5	1	
19		5		5	1	
20		5		5		1
21		5		5		1
22		5		5		1
23		5		5		
24		5		5		
25		5		5		
26		5		5		
27		5		5		
28		5		5		
29		5		5		
30		5		5		
31		5		5		
32		5		5		
33		5		5		
34		5		5		
35		5		5		
36		5		5		
37	1			5		
38		1		5		
39		1		5		
40		1		5		
41		1		5		
42		5		5		
43		5		5		
44		5		5		
45		5	1			
46		5		1		
47		5		1		
48		5		1		
49		5		1		
50		5		5		
TOTAL IND.	2		2		3	9
TOTAL DEP.	208		208		52	956
TOTAL CLAIMS	210		210		55	965

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		5		5		
52		5		5		
53		5		5		
54		5		5		
55		5		5		
56		5		5		
57		5		5		
58		5		5		
59		5		5		
60		5		5		
61		5		5		
62		5		5		
63		5		5		
64		5		5		
65		5		5		
66		5		5		
67		5		5		
68		5		5		
69		5		5		
70		5		5		
71		5		5		
72		5		5		
73	1			5		
74		1		5		
75		1		5		
76		1		5		
77		1		5		
78		5		5		
79		5		5		
80		5		5		
81		5		5		
82		5	1			
83		5		1		
84		5		1		
85		5		1		
86		5		5		
87		5		5		
88		5		5		
89		5		5		
90		5		5		
91		5		5		
92		5		5		
93		5		5		
94		5		5		
95		5		5		
96		5		5		
97		5		5		
98		5		5		
99		5		5		
100		5		5		
TOTAL IND.	1		1			
TOTAL DEP.	229		229			
TOTAL CLAIMS	230		230			